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SECRETARY OF STATE TALLAHASSEE, FLORID

APPROVEE AND FILED

C. LEWS OCT 1 4 2013 EXAMMER

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations American Construction Supply, Inc. NAME OF CORPORATION: P08000056472 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Katherine Cook Name of Contact Person American Construction Supply, Inc. Firm/ Company 3 North Main Ave Address Lake Placid, FL 33852 City/ State and Zip Code info@amconsupply.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Katherine Cook 863 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

APPROVED AND FILED 13 OCT -7 PM 2: 39 SECRETARY OF STATE TALLAHASSFE FLORIDA

to

American Construction Supply, Inc.

(Name of Corporation as currently filed with P08000056472	th the Florida Dept. of State)
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporat	tion:
Allied Construction Supply, Inc.	The new
	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	Late Black EL 00050
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Lake Placid, FL 33852
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
D. If amending the registered agent and/or registered off	
new registered agent and/or the new registered office	address:
Name of New Registered Agent	
	lorida street address)
New Registered Office Address:	, Florida
ivew Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	
i nevevy accept the appointment as registerea agent. I am ja	итиш wин ана ассері іне обизанові ој іне розінов.
Signature of New Pen	vistared Agent if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove. and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

A 18 18 18			APPROVEO
The date of each amendment(s) add date this document was signed.	ption:	13 OC;	FILED if other than the
Effective date if applicable:		SECRET. TALLAHA	ARY OF STATE SSEE, FLORIDA
	(no more than 90 days after ame	endment file date)	SSEE, FLORIDA
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votesticient for approval.	s cast for the amendment(s)	11%
	oved by the shareholders through voting ground ach voting group entitled to vote separately of		t
	or the amendment(s) was/were sufficient for a	approval	
by	(voting group)		
	(voting group)		
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareho	older action and shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder	action and shareholder	
Dated .	3,2013		
Signature	Elhein froll		
	ector, president or other officer - if directors		
	by an incorporator – if in the hands of a rece d fiduciary by that fiduciary)	eiver, trustee, or other court	
_	Kathering Cook		
	(Typed or printed name of p	person signing)	
	Consider #		

(Title of person signing)